

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS**

**PART II: PROGRAM ADDENDUM TO APPLICATION FOR LICENSURE
OF A CHILD-PLACING AGENCY**

NAME OF CHILD-PLACING AGENCY: _____

OPERATING INFORMATION
Name of the Executive Director: _____ Title _____ Phone _____ Fax Number _____ Email _____

POPULATION and SERVICES
LICENSE REQUESTED FOR: <i>(Check all that apply)</i> Maximum Number of Children <i>(to be served at any one time):</i> _____ Gender served: Males _____ Females _____ Both _____ Will the Agency Accept Custody of Children (choose one): Y N Ages Accepted: Minimum (no less than birth) _____ Maximum (no greater than 17) _____ Services Provided: Foster Care _____ Treatment Foster Care _____ Short-Term Foster Care _____ Permanent Foster Care _____ Independent Living Arrangements _____ Adoption (specify, i.e., agency placement, parental placement, inter-country) _____ _____ _____

REQUIRED ATTACHMENTS FOR INITIAL APPLICATION
1. For each individual listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Sworn Disclosure Statement completed within the last 90 days.
2. For each individual listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Criminal History Record Report obtained from the state police within the last 90 days.
3. For each individual listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services within the last 90 days.

4. Name of the management company that operates the agency, if other than the licensee.
5. A copy of the agency's fee schedule for each program including a description of the services covered by the fees and the agency's refund policy, if any.
6. As applicable, a foster care program statement as required by standards, a short-term foster care program statement a treatment foster care program statement as required by standards, an adoption program statement as required by standards, and an independent living placement program statement.
7. Staff Information Sheet listing all staff employed and volunteering in the child-placing program. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers).
8. A description of the duties and responsibilities of each job classification.
9. Work and educational requirements for each staff position, i.e., resumes.
10. The names and addresses of three individuals each who will provide a reference for the Executive Director. The references must be unrelated to the individual and able to attest to his or her character and reputation. Applicants for the same license may not serve as references for each other. The Department of Social Services will generate the letters of inquiry to the named references
11. Address, telephone number and written directions to each Virginia office
12. Hours of operation for each Virginia office.

REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION	
1. For any individuals listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the most recent Sworn Disclosure Statement.	
2. For any individuals listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the most recent Criminal History Record Report obtained from the state police.	
3. For any individuals listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the most recent Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services.	
4. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), reference letters dated no more than 12 months prior to this application from three people not related to the person who can certify to his/her character and reputation. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
5. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), Personal Qualifying Information Form if within the last 10 years the individual served as a voting officer, director, or principal stockholder in any child-welfare, assisted living, adult day care center, nursing home or mental health facility, program or agency requiring licensure in Virginia or in any other state. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
6. If a management company operates the agency rather than the licensee, the name of the new management company if changed since the agency's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
7. A copy of all new or revised forms. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	

8. Staff Information Sheet listing all staff employed and volunteering in the child-placing program. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers).
9. Job descriptions added or changed since last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
10. A report of major changes in programs or facilities during the past year or contemplated for the coming year. Include copies of revisions to program statements and policies and procedures. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
11. If changed since the agency's last license was issued, a copy of the agency's fee schedule for each program including a description of the services covered by the fees and the agency's refund policy, if any. <input type="checkbox"/> No change to the agency's fee schedule or refund policy <input type="checkbox"/> Change previously reported
12. If the previous license was provisional, a statement showing which requirements listed as conditions of the provisional license were met and, if not met, the plan for meeting them. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
13. Address, telephone number and written directions to each Virginia office if changed since last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
14. Hours of operation for each Virginia office if changed since last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported .